



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7003 2260 0000 9971 8817

August 6, 2009

Josephine Smith, Administrator
Caring Nurses LLC
7714 Brooklyn Blvd Suite 204
Brooklyn Park, MN 55443

Re: Licensing Follow Up visit

Dear Ms. Smith:

This is to inform you of the results of a facility visit conducted by staff of the Minnesota Department of Health, Case Mix Review Program, on April 13, 14, 15, and 16, 2009.

The documents checked below are enclosed.

- Informational Memorandum
Items noted and discussed at the facility visit including status of outstanding licensing correction orders.
- MDH Correction Order and Licensed Survey Form
Correction order(s) issued pursuant to visit of your facility.
- Notices Of Assessment For Noncompliance With Correction Orders For Home Care Providers

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to call our office if you have any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston". The signature is written in a cursive, flowing style.

Jean Johnston, Program Manager
Case Mix Review Program

Enclosure(s)

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman

1/07 CMR1000

**Minnesota Department of Health
Division of Compliance Monitoring
Case Mix Review Section**

INFORMATIONAL MEMORANDUM

PROVIDER: CARING NURSES LLC

DATE OF SURVEY: April 13, 14, 15, and 16, 2009

BEDS LICENSED:

HOSP: _____ NH: _____ BCH: _____ SLFA: _____ SLFB: _____

CENSUS:

HOSP: _____ NH: _____ BCH: _____ SLF: _____

BEDS CERTIFIED:

SNF/18: _____ SNF 18/19: _____ NFI: _____ NFII: _____ ICF/MR: _____ OTHER:
CLASS A

NAME (S) AND TITLE (S) OF PERSONS INTERVIEWED:

Josephine Gurley, RN, owner
Emmuculate Nde, RN
Euniah Oanda, RN
Matilda Tenezee Kla-Diihbah, RN
Florence Masese, RN
Folake Majekodummi, LPN
Edward Nde, LPN
Ita Nji Doh, LPN
Connie Zirayo, LPN
Flora McArthur, PCA
Iyabo Kanu, PCA
Florence Nwankpa, PCA
Eva Barway, PCA
Ijeoma Florence Nwankpa, PCA
Amanda S. Grant, PCA
Milton Setro, PCA

SUBJECT: Licensing Survey _____ Licensing Order Follow Up: #1 _____

ITEMS NOTED AND DISCUSSED:

- 1) An unannounced visit was made to follow up on the status of state licensing orders issued as a result of a visit made on January 5, 6, 7, 8, 12, 13, 14 and 16, 2009. The results of the survey were delineated during the exit conference. Refer to Exit Conference Attendance Sheet for the names of individuals attending the exit conference.

The status of the correction orders issued as a result of a visit made on January 5, 6, 7, 8, 12, 13, 14 and 16, 2009, is as follows:

- | | |
|--|------------------|
| 1. MN Rule 4668.0019 | Corrected |
| 2. MN Rule 4668.0050 Subp. 1 | Corrected |
| 3. MN Rule 4668.0060 Subp. 3 | Corrected |
| 4. MN Rule 4668.0065 Subp. 1 | Corrected |
| 5. MN Statute §144A.44 Subd. 1 (13) | Corrected |
| 6. MN Statute §144A.46 Subd. 5 (b) | Corrected |

2) Although a State licensing survey was not due at this time, correction orders were issued.



Class A Licensed-Only Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class A Licensed-Only Home Care Providers. Class A licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate with MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to describe to the MDH nurse what systems are in place to provide Class A Licensed-Only Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance. This form must be used in conjunction with a copy of the Class A Licensed-Only Home Care regulations. Any violations of the Class A licensing requirements are noted at the end of the survey form.

Name of Class A Licensee: CARING NURSES LLC

HFID #: 25432

Date(s) of Survey: April 13, 14, 15, and 16, 2009

Project #: QL25432003

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|---|
| <p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0140 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0060 Subp. 3, 4 and 5 MN Rule 4668.0180 Subp. 8 | <ul style="list-style-type: none"> Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement. Service plans accurately describe the needs and services and contain all the required information. Services agreed to are provided Clients are provided referral assistance. | <p>Focus Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|---|
| <p>2. The provider promotes client rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 | <ul style="list-style-type: none"> • Clients’ are aware of and have their rights honored. • Clients’ are informed of and afforded the right to file a complaint. | <p>Focus Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p> |
| <p>3. The provider promotes and protects each client’s safety, property, and well-being.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statutes §144A.46 Subd. 5(b) • MN Statute §626.556 • MN Statutes §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 | <ul style="list-style-type: none"> • Client’s person, finances and property are safe and secure. • All criminal background checks are performed as required. • Clients are free from maltreatment. • There is a system for reporting and investigating any incidents of maltreatment. • Maltreatment assessments and prevention plans are accurate and current. | <p>Focus Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p> |
| <p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.</p> | <ul style="list-style-type: none"> • Client records are maintained and retained securely. • Client records contain all required documentation. • Client information is released only to appropriate parties. • Discharge summaries are available upon request. | <p>Focus Survey</p> <p>___ Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p>___ Met</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|---|
| <p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p> | | <p>___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p> |
| <p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 Subp. 1 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0130 • MN Statute §144A.45 Subd. 5 <p>[Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p> | <ul style="list-style-type: none"> • Staff, employed or contracted, have received all the required training. • Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. • Personnel records are maintained and retained. • Licensee and all staff have received the required Orientation to Home Care. • Staff, employed or contracted, are registered and licensed as required by law. • Documentation of medication administration procedures are available. • Supervision is provided as required. | <p>Focus Survey</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey #1 ___ <u>X</u> New Correction Order issued <u>X</u> Education Provided</p> |
| <p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 <p>[Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage</p> | <ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. | <p>Focus Survey</p> <p>___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|--|
| and disposition. Non-compliance with this variance will result in a correction order issued under 4668.0016.] | | Order issued ___ Education Provided |
| 7. The provider is licensed and provides services in accordance with the license. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0019 Expanded Survey <ul style="list-style-type: none"> • MN Rule 4668.0008 Subp. 3 • MN Rule 4668.0012 • MN Rule 4668.0060 Subp. 2 and 6 • MN Rule 4668.0180 • MN Rule 4668.0220 <p><small>Note: MDH will make referrals to the Attorney General’s office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</small></p> | <ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee’s advertisements accurately reflect services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. | Focus Survey ___ Met ___ Correction Order(s) issued ___ Education Provided Expanded Survey ___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided |
| 8. The provider is in compliance with MDH waivers and variances. Expanded Survey <ul style="list-style-type: none"> • MN Rule 4668.0016 | <ul style="list-style-type: none"> • Licensee provides services within the scope of applicable MDH waivers and variances | <p><i>This area does not apply to a Focus Survey.</i></p> Expanded Survey ___ Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided |

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings, of the focused survey may result in an expanded survey.

SURVEY RESULTS: ___ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

1. MN Rule 4668.0075 Subp 1**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that employees received orientation to home care requirements before providing home care services to clients for one of one unlicensed employee's (CC) record reviewed. The findings include:

Employee CC was hired as an unlicensed direct care staff member March 27, 2008. Documentation indicated that employee CC received orientation to home care on March 24, 2009, one year after hire.

When interviewed, April 13, 2009, employee CC stated that she had received orientation to home care requirements.

A draft copy of this completed form was left with Josephine Gurley at a phone exit conference on April 23, 2009. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. CLASS A Licensed-only Home Care Provider general information is available by going to the following web address and clicking on the Class A Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)
<http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7008 1830 0003 8091 0075

February 13, 2009

Josephine Smith, Administrator
Caring Nurses LLC
7714 Brooklyn Boulevard
Brooklyn Park, MN 55443

Re: Results of State Licensing Survey

Dear Ms. Smith:

The above agency was surveyed on January 5, 6, 7, 8, 12, 13, 14, and 16, 2009, for the purpose of assessing compliance with state licensing regulations. State licensing deficiencies, if found, are delineated on the attached Minnesota Department of Health (MDH) correction order form. The correction order form should be signed and returned to this office when all orders are corrected. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me, or the RN Program Coordinator. If further clarification is necessary, I can arrange for an informal conference at which time your questions relating to the order(s) can be discussed.

A final version of the Licensing Survey Form is enclosed. This document will be posted on the MDH website.

Also attached is an optional Provider questionnaire, which is a self-mailer, which affords the provider with an opportunity to give feedback on the survey experience.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call our office with any questions at (651) 201-4301.

Sincerely,

A handwritten signature in black ink that reads "Jean M. Johnston".

Jean Johnston, Program Manager
Case Mix Review Program

Enclosures

cc: Hennepin County Social Services
Ron Drude, Minnesota Department of Human Services
Sherilyn Moe, Office of the Ombudsman
Deb Peterson, Office of the Attorney General

01/07 CMR3199



Class A Licensed-Only Home Care Provider

LICENSING SURVEY FORM

Registered nurses from the Minnesota Department of Health (MDH) use this Licensing Survey Form during on-site visits to evaluate the care provided by Class A Licensed-Only Home Care Providers. Class A licensees may also use this form to monitor the quality of services provided to clients at any time. Licensees may use their completed Licensing Survey Form to help communicate with MDH nurses during an on-site regulatory visit.

During an on-site visit, MDH nurses will interview staff, clients and/or their representatives, make observations and review documentation. The survey is an opportunity for the licensee to describe to the MDH nurse what systems are in place to provide Class A Licensed-Only Home Care services. Completing this Licensing Survey Form in advance may facilitate the survey process.

Licensing requirements listed below are reviewed during a survey. A determination is made whether the requirements are met or not met for each Indicator of Compliance. This form must be used in conjunction with a copy of the Class A Licensed-Only Home Care regulations. Any violations of the Class A licensing requirements are noted at the end of the survey form.

Name of Class A Licensee: CARING NURSES LLC

HFID #: 25432

Date(s) of Survey: January 5, 6, 7, 8, 12, 13, 14 and 16, 2009

Project #: QL25432003

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|--|
| <p>1. The provider accepts and retains clients for whom it can meet the needs.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0140 <p>Expanded Survey</p> <ul style="list-style-type: none"> MN Rule 4668.0050 MN Rule 4668.0060 Subp. 3, 4 and 5 MN Rule 4668.0180 Subp. 8 | <ul style="list-style-type: none"> Clients are accepted based on the availability of staff, sufficient in qualifications and numbers, to adequately provide the services agreed to in the service agreement. Service plans accurately describe the needs and services and contain all the required information. Services agreed to are provided Clients are provided referral assistance. | <p>Focus Survey</p> <p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Correction Order(s) issued</p> <p><input type="checkbox"/> Education Provided</p> <p>Expanded Survey</p> <p><input type="checkbox"/> Survey not Expanded</p> <p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Correction Order(s) issued</p> <p><input checked="" type="checkbox"/> Education Provided</p> <p>Follow-up Survey # _____</p> <p><input type="checkbox"/> New Correction Order issued</p> <p><input type="checkbox"/> Education Provided</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|---|
| <p>2. The provider promotes client rights.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0030 • MN Statute §144A.44 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0040 • MN Rule 4668.0170 | <ul style="list-style-type: none"> • Clients’ are aware of and have their rights honored. • Clients’ are informed of and afforded the right to file a complaint. | <p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p> |
| <p>3. The provider promotes and protects each client’s safety, property, and well-being.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Statutes §144A.46 Subd. 5(b) • MN Statute §626.556 • MN Statutes §626.557 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0035 | <ul style="list-style-type: none"> • Client’s person, finances and property are safe and secure. • All criminal background checks are performed as required. • Clients are free from maltreatment. • There is a system for reporting and investigating any incidents of maltreatment. • Maltreatment assessments and prevention plans are accurate and current. | <p>Focus Survey</p> <p>___ Met</p> <p><u>X</u> Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p>___ Education Provided</p> <p>Follow-up Survey # ___</p> <p>___ New Correction Order issued</p> <p>___ Education Provided</p> |
| <p>4. The provider maintains and protects client records.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0160 <p>Expanded Survey</p> <p>[Note: See Informational Bulletin 99-11 for Class A variance for Electronically Transmitted Orders.</p> | <ul style="list-style-type: none"> • Client records are maintained and retained securely. • Client records contain all required documentation. • Client information is released only to appropriate parties. • Discharge summaries are available upon request. | <p>Focus Survey</p> <p><u>X</u> Met</p> <p>___ Correction Order(s) issued</p> <p><u>X</u> Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded</p> <p><u>X</u> Met</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|---|
| <p>Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p> | | <p>___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p> |
| <p>5. The provider employs and/or contracts with qualified and trained staff.</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 • [Except Subp. 2] • MN Rule 4668.0065 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0060 Subp. 1 • MN Rule 4668.0070 • MN Rule 4668.0075 • MN Rule 4668.0080 • MN Rule 4668.0130 • MN Statute §144A.45 Subd. 5 <p>[Note: See Informational Bulletin 99-7 for Class A variance in a Housing With Services Setting. Non-compliance with this variance will result in a correction order issued under 4668.0016.]</p> | <ul style="list-style-type: none"> • Staff, employed or contracted, have received all the required training. • Staff, employed or contracted, meet the Tuberculosis and all other infection control guidelines. • Personnel records are maintained and retained. • Licensee and all staff have received the required Orientation to Home Care. • Staff, employed or contracted, are registered and licensed as required by law. • Documentation of medication administration procedures are available. • Supervision is provided as required. | <p>Focus Survey</p> <p>___ Met <u>X</u> Correction Order(s) issued <u>X</u> Education Provided</p> <p>Expanded Survey</p> <p>___ Survey not Expanded <u>X</u> Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided</p> |
| <p>6. The provider obtains and keeps current all medication and treatment orders [if applicable].</p> <p>Focus Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0150 <p>Expanded Survey</p> <ul style="list-style-type: none"> • MN Rule 4668.0100 Subp. 2 <p>[Note: See Informational Bulletin 99-7 and 04-12 for Class A variance in a Housing With Services setting with regards to medication administration, storage</p> | <ul style="list-style-type: none"> • Medications and treatments administered are ordered by a prescriber. • Medications are properly labeled. • Medications and treatments are administered as prescribed. • Medications and treatments administered are documented. • Medications and treatments are renewed at least every three months. | <p>Focus Survey</p> <p><u>X</u> Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Expanded Survey</p> <p><u>X</u> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided</p> <p>Follow-up Survey # ___ ___ New Correction</p> |

| Indicators of Compliance | Outcomes Observed | Comments |
|--|--|--|
| and disposition. Non-compliance with this variance will result in a correction order issued under 4668.0016.] | | Order issued ___ Education Provided |
| 7. The provider is licensed and provides services in accordance with the license. Focus Survey <ul style="list-style-type: none"> • MN Rule 4668.0019 Expanded Survey <ul style="list-style-type: none"> • MN Rule 4668.0008 Subp. 3 • MN Rule 4668.0012 • MN Rule 4668.0060 Subp. 2 and 6 • MN Rule 4668.0180 • MN Rule 4668.0220 <p><small>Note: MDH will make referrals to the Attorney General's office for violations of MN Statutes 144D or 325F.72; and make other referrals, as needed.</small></p> | <ul style="list-style-type: none"> • Language requiring compliance with Home Care statutes and rules is included in contracts for contracted services. • License is obtained, displayed, and renewed. • Licensee's advertisements accurately reflect services available. • Licensee provides services within the scope of the license. • Licensee has a contact person available when a para-professional is working. | Focus Survey ___ Met <input checked="" type="checkbox"/> Correction Order(s) issued ___ Education Provided Expanded Survey <input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided |
| 8. The provider is in compliance with MDH waivers and variances. Expanded Survey <ul style="list-style-type: none"> • MN Rule 4668.0016 | <ul style="list-style-type: none"> • Licensee provides services within the scope of applicable MDH waivers and variances | <p><i>This area does not apply to a Focus Survey.</i></p> Expanded Survey <input checked="" type="checkbox"/> Survey not Expanded ___ Met ___ Correction Order(s) issued ___ Education Provided Follow-up Survey # ___ ___ New Correction Order issued ___ Education Provided |

Please note: Although the focus of the licensing survey is the regulations listed in the Indicators of Compliance boxes above, other rules and statutes may be cited depending on what system a provider has or fails to have in place and/or the severity of a violation. The findings, of the focused survey may result in an expanded survey.

SURVEY RESULTS: ___ All Indicators of Compliance listed above were met.

For Indicators of Compliance not met, the rule or statute numbers and the findings of deficient practice are noted below.

1. MN Rule 4668.0019**INDICATOR OF COMPLIANCE: # 7**

Based on record review and interview, the licensee failed to ensure that the marketing brochure and housing with services contracts were accurate for four of nine client (A1, B1, C1 and D1) records reviewed. The findings include:

Caring Nurses LLC's brochure read that class A professional home care services were provided in four separate housing with services establishments: The Woodhall Residence; The Ladyslipper Residence; The Regent Residence; and the 91st Crescent Residence. Clients A1, B1, C1 and D1, or their representative, signed housing with services contracts with Caring Nurses, LLC, on June 4, 2008, September 5, 2008, September 15, 2008, and February 1, 2008, respectively.

The Woodhall Residence was a housing with services registered with Caremaxx Health Care Systems, Inc. Woodhall Residence was listed as closed April 28, 2008. The Ladyslipper Residence was a housing with services registered with Caremaxx Health Care Systems, Inc. The Regent Residence and the 91st Crescent Residence were not registered as housing with services. None were registered to Caring Nurses LLC.

When interviewed January 5, 2009, the director of nursing reported that Caremaxx Health Care Systems was no longer providing services to clients. Clients A1, B1, C1 and D1, are receiving home care services from Caring Nurses, LLC, in the four residences noted in the brochure.

2. MN Rule 4668.0050 Subp. 1**INDICATOR OF COMPLIANCE: # 1**

Based on observation, record review and interviews, the licensee did not have sufficient numbers of qualified staff to adequately provide services for two of three clients (A1 and A2) residing in the Woodhall Residence. The findings include:

Clients A1 and A2 were ventilator dependant and received one to one licensed nursing care twenty-four hours per day.

The Woodhall staff schedule indicated Registered Nurse (RN) AA was scheduled to work thirty-six hours from 7:00 a.m., January 7, 2009, until 7:00 p.m., January 8, 2009. When interviewed at 8:25 a.m., January 8, 2009, RN AA reported she worked from 7:00 a.m., on January 7, 2009, until 10:30 p.m., January 7, 2009, and returned to work at 4:00 a.m., January 8, 2009. RN AA reported she had requested to work the extra hours.

The Woodhall staff schedule indicated licensed practical nurse (LPN) AB was scheduled to work thirty-six hours from 7:00 p.m., January 7, 2009, until 7:00 a.m., January 9, 2009. When interviewed at 8:25 a.m., January 8, 2009, LPN AB reported she began work at 7:00 p.m., January 7, 2009, was to accompany client A1 to dialysis and would work until he returned to the residence at approximately 3:00 p.m., January 8, 2009.

3. MN Rule 4668.0060 Subp. 3**INDICATOR OF COMPLIANCE: # 1**

Based on record review and interviews, the licensee failed to provide registered nurse (RN) services in accordance with the service agreements for six of nine client (A1, A2, A3, C1, D1 and D2) records reviewed. The findings include:

Client A1, A2, C1, and D2's service agreements dated June of 2008, August of 2008, September of 2008 and February of 2008 respectively read they each were to receive twelve hours of RN services every day. The staff schedule indicated an RN was not scheduled to provide care to clients A1 and A2 January 6, 2009. There was no evidence client C1 received RN services between January 1, 2009 and January 5, 2009. Staff schedules indicated an RN was not scheduled to work with client C1 between January 5, 2009 and January 8, 2009. RN's were not scheduled to care for client D2 on January 5, 6, 7 and 8, 2009

When interviewed January 5 and 7, 2009, RN AA confirmed RN services were not provided to clients A1 and A2 on January 6, 2009. She also confirmed there was no evidence of RN care for client C1 between January 1, 2009 and January 5, 2009. When interviewed January 5 and 8, 2009, the director of nurses (DON) stated RN's were not scheduled to care for client D2 on January 5, 6, 7 and 8, 2009.

Client A3's service agreement dated October of 2008, indicated he was to receive eight hours of RN services per day. The staff schedule indicated between January 5, 2009 and January 8, 2009, RN services were only scheduled for one twelve hour shift on January 6, 2009. Licensed practical nurses (LPN) were otherwise scheduled to care for client A3 on January 5, 6, 7 and 8, 2009. On January 7, 2009, LPN AC reported he provided client A3 with services January 6, 2009, rather than the scheduled RN. When interviewed January 8, 2009, the director of nursing confirmed RN services were only scheduled for one twelve hour shift on January 6, 2009 for client A3.

Client D1's service agreement dated February of 2008, indicated he was to receive six and one-half hours of RN services each day. There was no evidence RN services were provided January 1, 2, 5 and 6, 2009. The staff schedule indicated RN services were not scheduled for client D1 on January 5, 6 and 7, 2009.

When interviewed January 7, 2009, LPN DA confirmed that an RN was not scheduled to work with client D1 on January 5, 6 and 7, 2009.

TIME PERIOD FOR CORRECTION: Seven (7) days

4. MN Rule 4668.0065 Subp. 1**INDICATOR OF COMPLIANCE: # 5**

Based on record review and interview, the licensee failed to ensure that employees had tuberculosis screening prior to providing direct care to clients or within twelve months of direct client contact for two of eight employees (DB and AA) records reviewed. The findings include:

Employee DB, an unlicensed direct care staff, began providing services March of 2008. There was no evidence of tuberculosis screening prior in employee DB's record. When interviewed January 8, 2009, employee DB reported that he had tuberculosis screening completed at a clinic prior to employment, however, the clinic failed to forward the information to the agency.

Registered nurse (RN) AA began providing direct care services March 10, 2008. Her record contained a negative Mantoux test dated February 3, 2006, twenty-three months prior to being hired and having direct client contact for the licensee.

TO COMPLY: No person who is contagious with tuberculosis may provide services that require direct contact with clients. All individual licensees and employees and contractors of licensees must document the following before providing services that require direct contact with clients:

A. the person must provide documentation of having received a negative reaction to a Mantoux test administered within the 12 months before working in a position involving direct client contact, and no later than every 24 months after the most recent Mantoux test; or

B. if the person has had a positive reaction to a Mantoux test upon employment or within the two years before working in a position involving direct client contact, or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:

(1) documentation of a negative chest x-ray administered within the three months before working in a position involving direct client contact; or

(2) documentation of a negative chest x-ray administered each 12 months, for two years after the positive reaction to a Mantoux test or documentation of completing or currently taking a course of tuberculosis preventative therapy;

or

C. if the person has had a positive reaction to a Mantoux test more than two years before working in a position involving direct client contact, the person must provide documentation of a negative chest x-ray taken within the previous 12 months or documentation of completing or currently taking a course of tuberculosis preventative therapy.

In this subpart, "Mantoux test" means a Mantoux tuberculin skin test.

5. MN Statute §144A.44 Subd. 1(13)

INDICATOR OF COMPLIANCE: # 2

Based on observation and interviews, the licensee failed to ensure that staff were properly trained to recognize safety hazards and environmental/maintenance concerns in two of four residences (A and C) visited. The findings include:

A tour of the Woodhall residence was conducted with licensed practical nurse (LPN) AB at 4:10 p.m., on January 5, 2009. The basement was noted to have a cool room temperature. A small electric heater was observed on the carpet in the basement living room. The space heater was turned on. LPN AB indicated the staff used the heater to keep warm. Client A3's bedroom was located in the basement,

approximately twenty to forty feet from the electric heater and the exit door. Client A3's room temperature was similarly cool. Client A3 was ventilator dependant and had one large liquid tank of oxygen in the room. On the main floor, two large liquid oxygen tanks were observed in client A1's bedroom and three large liquid oxygen tanks were observed in client A2's bedroom. A small electric heater was observed on the carpet in the first floor living room. The electric heater was plugged into an extension cord. At 5:00 p.m., on January 5, 2009, LPN AB and registered nurse (RN) AA were asked to unplug the electric heaters due to a potential fire hazard. On January 6, 2009, LPN AB stated she did not recognize that the electric heaters were a potential fire/safety hazard.

During a home visit and interview January 6, 2009, client C1 reported that she felt a draft from the window next to her waterbed, which had a light blanket/sheet tacked to the molding of the window. (The outside temperature was in the twenty degree range.) Client C1 stated she had complained to the night staff about the draft and suggested plastic insulation on the window, but nothing had been done. When the window was observed by this reviewer, the window was not flush against the sides of the window frame and cold air was flowing through a gap in the window. The window could not be closed by the reviewer. The director of nursing (DON) was subsequently notified and stated she was unaware of the problem.

On January 7, 2009, the Woodhall residence basement was observed. The basement was notably colder than the main floor and the snow outside could be viewed through a gap between the bottom of the outside door and the floor. Cold air was felt entering the house below the door. Client A3's basement bedroom was similarly cool. Blankets were tacked to the wood molding of the two bedroom windows. The blankets were billowing inward. When the blankets were removed, the outside windows were not completely closed and cold air was entering the room. The windows could not be closed by this reviewer. When interviewed January 7, 2009, RN AA reported all maintenance concerns are to be reported to the DON. RN AA was unaware the windows in client A3's room were not tightly shut.

When interviewed January 7, 2009, the maintenance employee reported the window in client C1's room was frozen open and that he had closed the window. The maintenance employee also repaired the door and two windows at the Woodhall residence. The maintenance employee was unaware of the window and door concerns at the Regent and Woodhall residences until January 6 and 7, 2009.

When interviewed January 7, 2009, the DON reported she visited all four of the residences every day and was unaware of the use of the two electric heaters at Woodhall and repair needs at the Woodhall and Regent residences. The DON reported the staff had been instructed to call her or the maintenance employee with any concerns.

6. MN Statute §144A.46 Subd. 5(b)

INDICATOR OF COMPLIANCE: # 3

Based on record review and interview the licensee failed to have a background study performed prior to direct contact with clients for one of eight employee (BA) records reviewed. The findings include:

Employee BA began employment as care consultant January of 2008. A background study was not performed until October 15, 2008.

When interviewed January 7, 2009, employee BA confirmed a background study was not preformed prior to direct client contact.

A draft copy of this completed form was left with Josephine Gurley, RN/DON, at an exit conference on January 16, 2009. Any correction order(s) issued as a result of the on-site visit and the final Licensing Survey Form will be sent to the licensee. If you have any questions about the Licensing Survey Form or the survey results, please contact the Minnesota Department of Health, (651) 201-4301. After review, this form will be posted on the MDH website. CLASS A Licensed-only Home Care Provider general information is available by going to the following web address and clicking on the Class A Home Care Provider link:

<http://www.health.state.mn.us/divs/fpc/profinfo/cms/casemix.html>

Regulations can be viewed on the Internet: <http://www.revisor.leg.state.mn.us/stats> (for MN statutes)
<http://www.revisor.leg.state.mn.us/arule/> (for MN Rules).